(Print Name of lobbyist)

#### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses

## for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

I. Name of Lobbyist(s): Debra	Miller, Julianne McConnell,	Tara Reardon	
II. Name of lobbyist's partners	ship, firm or corporation, if a	any:	
New Hampshire Com	munity Loan Fund		
	ership, firm or corporation)		
7 Wall Street	Concord ·	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-6669	(603) 225-7425 (Fax	c-mail kdery@c	ommunityloanfund.org
(Telephone)	(Fax	<i>x</i> )	
III. This statement covers: (Chreportable expense transaction			ay file a separate report for
		-A^	
All reportable transactions o	ccurring in the months prior to	the reporting date relative to the	e following client:
			_ <del></del>
(Full Nar	ne of Client as it appears on the L	obbyist Registration Form)	•
All reportable transactions by	the lobbyist (including the lo	hhvistis family) or the labbying	a firm listed below which are
unrelated to any particular client		objist's family), or the lobbying	g inmi nated below winen are
	5, 2018 🕅	July 25, 2018 🗍	t .
	te of registration to 3/31/18	activity from 4/1/18 to 6/30/18	
	r 31, 2018	January 30, 2019 activity from 10/1/18 to 12/31.	/18
V Thous house been no food	usseized and us venentabl	a tuanaatiana mada sinaa t	ha laat waxayt 🔲
V. There have been no fees If this box is checked, complete j			
Concord, NH 03301.	•		
VI. Check if additional reports	are attached:		
X If you have received fees or		file Addendum A- Fees and E	xpenses
If you have paid an honorari Expense Reimbursement	um or reimbursed expenses, y	ou must file Addendum B- Re	port of Honorariums or
☐ If you, your firm, or your fa	mily has made political contril	butions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and I	hereby swear or affirm that the	foregoing information is truc
Ally DIM	LC.	7/2	lix
(Signature of lobbyist)	·	(Da	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Debra Miller			

#### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

·	
1. Name of Lobbyist(s) Debra Miller, Julianne McConnell, Tar	a Reardon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gre reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) <b>\$</b>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lesseing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses so than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>	a) \$
	0) 3
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period	d) \$298.75
(Add lines a, b and c)	,
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$0
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
	\$
	•
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
All prhili	7/3/18
(Signature of lobbyist)	(Date)
DEBRA MILLER	
(Print Name of lobbyist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Name of Lobbying partnership, firm, or corporation:  New Hampshire Community Loan Fund  Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Date of Report (check one):  April 25, 2018  July 25, 2018  October 31, 2018  January 30, 2019   I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  X Addendum A(s).  Addendum B(s).  Addendum C(s).
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  **Date of Report (check one):**  April 25, 2018 **D** July 25, 2018 **D** October 31, 2018 **D** January 30, 2019 **D**  I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  **X** Addendum A(s).**  Addendum B(s).**  Addendum C(s).**  I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
Date of Report (check one):  April 25, 2018   July 25, 2018   October 31, 2018   January 30, 2019   I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  X Addendum A(s).  Addendum B(s).  Addendum C(s).
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  Addendum A(s) Addendum B(s) Addendum C(s).  I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum B(s).  Addendum C(s).  I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
Addendum C(s).  I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
complete to the best of my knowledge and belief.
(Signature of lobbyist)  7 31 18 (Date)
Debra Miller

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying parts	me of Lobbying partnership, firm, or corporation: New Hampshire Community Loan Fund		
	lank if Statement is fo		corporation and not related to any
Date of Report (check of	one):	-	
April 25, 2018 🕱	July 25, 2018 ·	October 31, 2018 🗆 .	January 30, 2019 □
•			d Expenses described above, and mber of Addendum forms being
X Addendum A(s)	).		
Addendum B(s)	).		
Addendum C(s)	<b>).</b>		,
I hereby swear or affirm			t and each Addendum is true and
(Signature of lobbyist)	Milmey		7/31/18 (Date)
Julianne McConr	nell		
(Print Name of lobbyist	)		

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	affirmation by Lobby we and Expenses for:		
Name of Lobbying pa	rtnership, firm, or corpo	nation: New Hampshire	e Community Loan Fund
	•		corporation and not related to any
particular client):	·	·····	·
Date of Report (check	one):		
April 25, 2018 💆	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A	s).		
Addendum B(	s).		
Addendum C(	s).		
-	f my knowledge and bel		nt and each Addendum is true and